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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	10-20 =	1	X \$ 18.00 =	\$ 0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1-3 =	0	X \$ 84.00 =	\$ 0.00
	MULTIPLE DEPENDENT	Γ CLAIMS (if applicable) (37 CFR 1.16(d))		\$280.00 =	\$ 0.00
				BASIC FEE (37 CFR 1.16(a))	\$750.00
			Total of	above Calculations =	\$ 750.00
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	Jason M. Okun, Registration No. 48,512		
SIGNATURE	Blason M. Clear		
DATE	September 26, 2003		

Form #125

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